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CONFIRMATION NO. 8759

SERIAL NUMBER 10/601,723	FILING OR 371(c) DATE 06/23/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. A279-USA
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/28/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	4	23	2

**ADDRESS**

24677

**TITLE**

Housing for an implantable medical device

FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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